STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier merbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	-	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week aga
Chronic interstitial nephritis 1101 3 1991	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Perilanilis	3 days ago
RURKAU V.S.			
2 50 80 3 4 500			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.--Every Item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE CF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD BINDING PERMAN MARGIN RESERVED FOR WITH UNFADING INK--THIS IS A MLY, WRITE PL

V S. No. 1

PLACE OF DEATH	STATE OF MARYLAND
County Rivel	CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City Earlvell (No.	06 1 1 2
Village or City Earlvell (No.	St.: Ward) (If draft occurred in a hospital or institution, give its NAME in
2 FULL NAME Herran Bidde	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED. WIDOWED.	16 DATE OF DEATH
male (Whate OR DIVORCED (Write the word)	/ (Month) (Day) (Year) 1.3
6 DATE OF BIRTH	17 1 HEREBY CERTIFY, That 1 attended the deceased from
Sept 25 1931	192 to
(Month) (Day) (Year)	that I last saw have alive on JCT 26,
7 AGE [If LESS than	and that death occurred on the date stated above, atm,
/ I day hrs	
yrsds. ormin.	P
8 OCCUPATION (a) Trade, profession or	Lonchial Juliemonia
particular kind of work	
(b) General nature of industry business, or establishment in	(Duration) yrs. mos. 5 ds.
which employed or (employer)	Contributory
9 BIRTHPLACE (State or country)	Secondary
(Dra	(Defation) wes mos
10 NAME OF FATHER	(Signed) M. D.
11 BIRTHPLACE	Set 30 193/ (Address)
of father	*State the lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
W	Accidental, Suicidal or Homicidal.
of MOTHER anna Bridall	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE	At place In the
OF MOTHER (State or Country)	of deathmosds. Stateyrsmosds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of doa.h?
John Biddle	Former or usual residence
(Informant)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) / Earlvell ma	Union Church ante 72 Oct 30,031
15 10/20 31 HOLANOW	20 UN DERVAKER ADDRESS
Filed 10/29 1921 Cowaw Registral	If fester Diville Townsend DEl
	or. 16 W. Saratova St., Balto., Requesting V. S. No. 1.

11001

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planter, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemuid, etc. If the occupation has been changed g. ged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on or At Home, and children, not gainfully em-Farm. laborer, Laborer-Coal mine, etc. yrs). For persons who have no occupation without more precise specification as Day (b) Automobile factory. The material 6 The ques-Grocery; Wom-

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fener (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stited unless important. Example: Measles (disease Whooping cough; Chronic valvular heart disease; Chronic interstitial nephrilis, etc. The contributory inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of "PUERPERAL septicaemia," "PUERPERAL peritonitis, "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite discase "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Hacmorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mentetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. (secondary or intercurrent) affection need not be as fracture of skull, and consequences (e.g., scpsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway traintaken. American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions," Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY Always qualify al

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.--Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. MARGIN RESERVED FOR BINDING TH UNFADING INK--THIS IS A PERMAN MLY, WRITE PL

PLACE OF DEATH	STATE OF	MARYLAND
County Lees	CERTIFICATI	E OF DEATH
8-14-41	. Registration	Dist. No. 92
Village or City Classe Micho.	acon Moscellat: Ward	(If death occurred in a hospital or institu-
2FULL NAME Stillrith	Beidle	tion, give its NAME is stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Oals her (Month)	Jo , 193 /
(Month) (Day) (Year)	17 I HEREBY CERTIFY, That I at 192 1 to 192	tended the deceased from , 192, ,
7 AGE [If LESS than	and that death occurred on the date state	d above, at 12 31 P. m.
I dayhrs.	The CAUSE OF DEATH * was as, follows:	1.001
yrsds. ormin.?		
a OCCUPATION (a) Trade, profession or particular kind of work	* Jacoury	
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)	yrs. mos. ds.
9 BIRTHPLACE	Contributory	
(State or country) Makessaud	(Duration)	via. / mosds.
10 NAME OF PATHER MALE BENEFILE -	(Signed) In Jan fine	M. D.
11 BIRTHPLACE	192 (Address)	Chefr 14
Z (State or country) Claryland	*State the Piscase Causing Death Violent Causes, state (1) Means of I Accidental, Suicidal or Homicidal.	, or, in deaths from / njury and (2) Whether
of Mother Catherine Jacoba	18 LENGTH OF RESIDENCE (For Hosp	itals, Institutions, Irans-
13 BIRTHPLACE MAKINGUL	At place In the of death yes mos. St.	e ateds.
(State of Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,	
THE ABOVE IS TRUE TO THE BEST OF MIT KNOWLEDGE	Former or usual residence	
(Informant) Loggela Becom	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
(Address)	10/2000	
15 Filed Oct 20 1931 - Bunk Dayer	20 UNDERTAKER	ADDRESS
If more hanks are needed, addre.s tate kegistra	r, 16 W. Saratoga St., Balto., Requesting V.	S. I.o. 1.

(Approved by U. S. Census : nd American Fublic Health Association.)

fulness of various pursuits can be known. The quesshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physici.n, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation - Precise statement of oc-Spinner, (b) Cotton mill; (a) Sulesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material nature of the business or industry, and therefore an the first line will be sufficient, e g., Farmer or Planter, state occupation at begin: ing of illness. If retired from work, or 'At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coul mina, etc. women at home, who are engaged in the duties of the whatever, write Nonc. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Never return "Laborer," "For man," "Manager," "Dealworked on may form part of the second statement. borer, Farm laborer, Laborer—Coal mine, etc. Wom-For many occupations a single word or term on especially in industrial employments, it is neces-For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEAND CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise sc. E. amples: Cerebrospinul fever (the only definite synonym is "Epidemiz cerebros inal meningitis"); Diphtheria (avoid use of "Croup"); Tythoid fever (never report "Typhcid Pneumonia"); Lobar preumonia, Bronchopneumonia ("Pneumonia,")

st.ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, mendiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Inanition, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E:haustion," "Heart failure," "Hacmorrlage, atic), "Atrophy," "Collapse," "Com2," "Convulsions, tions, such as "Asthenia," "Anaemia" (mcrely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondar) or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory approved by Committee on tclanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-American Medical Association.) ... (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJU.Y " "Marasmus," "Old Age," "Shock," Nomenclature of the

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanertly filed.

PLACE OF DEATH	STATE OF MARYLAND
County (edl	CERTIFICATE OF DEATH
	107-01
Village or City Parth Cast 919 42 (No.	Registration Dist. No.
Village or City forth (asy 110) (No.	St.: Ward) (If death occurred in a hospital or institu-
Janard (16CR in	tion, give its NAME is a stend of street and
2FULL NAME HOWARD GOVERNO	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH
m. 1. Ford WIDOWED. Leugle	192/_
Mile (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 JEREBY CERTIFY, That I attended the deceased from
Nec 26, 1930	192/. to 7 , 192/.
(Month) (Day) (Year)	that I last saw h walive on Def 14 , 192 /,
7 AGE If LESS than	and that death occurred on the date stated above, at A. Ov m.
Q 1 day hrs.	The CAUSE OF DEATH * was as follows:
yrs. mos. ds. or min.?	
B OCCUPATION (a) Trade, profession or	Bronetic Premong
particular kind of work	
(b) General nature of industry business, or establishment in	4
which employed or (employer)	(Duration) yrs. mos. ds.
9 BIRTHPLACE	Contributory Secondary
(State or country)	Daragion vie de de
1D NAME OF	(6: 1) Sect / Halsmule M.D.
FATHER HONDO BUSCOS	(Signed) M, D,
M 11 BIRTHPLACE OF FATHER	192 ((Address)
Z (State or country)	*State the l'iscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
E 12 MAIDEN NAME	
of MOTHER	IB LINGTH OF RESIDENCE (For Hospitals, Institutions, Truns-
13 BIRTHPLACE OF MOTHER	At place In the
(State or Country)	of deathmosds. Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
00 0	Former or usual residence
(Informant) Clongo Wuscoe	19 PLACE DF BURIAL OR REMOVAL DATE OF BURIAL
(Address) North East md	VIM 1 17, MP 10.620 31
(Address)	14 / Orko U. (1. 11) () () 19 21
15 Filed 10-20-31 192 20 W. Queens	20 UNDERTAKER ADDRESS
Registras	Jaseph I front forth Cash Mid
If more banks are needed, addre.s Ltate Registrat	r, 15 W. Saratoga St., Balto., Requesting V. S. ho. 1.

(Approved by U. S. Census and American Fublic Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cools, Housemaid, etc. If the occupation has been changed er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is neces-Civil engineer, Stationary freman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as Al school, or Al home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Statement of Occupation-Precise statement of ocfirst line will be sufficient, e. g., Farmer or Planter, Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. (b) Cotton mill; (a) Salesman. without more precise specification as Day (b) Automobile factory. The (6) material Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros: inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopseumonia ("Pneumonia");

> (secondary or intercurrent) affection need not be st_ted unless important. Example: Measles (disease approved by telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Drcpsy," (E.:haustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-Whooping "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJU.Y cough; Committee on Chronic valvular heart disease; nephrilis, etc. The contributory Nomenclature

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in a hospitel or institu-tion, give its NAME in-Ward) stead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEY 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. WIDOWED. OR DIVORCED (Write the word) (Month) 74 (Day) 193 I HEREBY CERTIFY. That I attended the deceased from 6 DATE OF BIRTH IIILESS than 7 AGE and that death occurred on the date stated above, a I day bra RESERVED 8 OCCUPATION A(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) Contributory MARGIN 9 BIRTHPLACE Secondary (State or country) 10 NAME OF (Signed) FATHER PARENTS OF FATHER *State the Disease Causing Death, or, in Violent Causes, state (1) Means of Injury and CAUS HOLL (State or country) Accidental, Suicidal or Homicidal, 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-OF MOTHER state CCUP/ lents or Recent Residents) 13 BIRTHPLACE At place In the OF MOTHER of death ... vrs......ds. (State or Country) T Where was disease contracted, should if not at place of death?.... Every Item CIANS sho Former or (Informant) DATE OF BURIAL If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

laborer, Spinner, (b) Cotton mill; (a) Salesman, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken worked on may form part of the second statement. whatever, write None. Housemaid, etc. If the occupation has been changed borer, Farm laborer, Laborer—Coal minc, etc. Wom-Foreman, For many occupations a single word or term on (b) Automobile factory. The material Grocery,

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of tetanus) may be stated under the head of "contributory." atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; (Recommendations on statement of cause of death carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely, State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; Chronic valvular heart disease; as fracture of skull, and consequences (e.g., sepsis, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease American Medical Association.) approved by Committee on Nomenclature of the Examples: Accidental drowning; Struck by railway train-.. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condietc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PHYSI-

	PLACE OF DEATH County Cicl	1858 s ••• ce
Vill	2 FULL NAME Coale, John	eton, red. s
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL C
3 S	ALE WHITE SINGLE, MIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH OCTO 13 P
6 D	Ju Ly 14, 1849 (Month) (Day) (Year)	17 I HEREBY CER
7 A	8211 yrs. 3 mos. 10 ds. or min.?	and that doath occurred of The CAUSE OF DEATH * v
O (E	ARTHPLACE (State or country)	Contributory Secondary
IS	10 NAME OF FATHER Willam Boale 11 BIRTHPLACE OF FATHER	(Signed). Therb Oct 24 1931 (Ad
PARENT	(State or country) MARYLAND 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE	Violent Causes, state (Accidental, Suicidal or Hor 18 LINGTH OF RESIDEN ients or Recent Resident
14 7	OF MOTHER (State of Country) MARY LAND THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place of deathyrsmos
	(Informant) Mrs. H. P. Sittle (Address) Rixing Pune Md	19 PLACE OF BURIAL OR-
15	Filed John 4 1980 - Bank Buck	20 UNDERTAKER

TATE OF MARYLAND

RTIFICATE OF DEATH

Registration Dist. No. 92Ward)

(If death occurred in a hospital or institution, give its NAME is -stead of street and number.)

ERTIFICATE OF DEATH

TIFY. That I attended the deceased from

....(Duration)

Causing Death, or, in deaths from Means of Injury and (2) Whether

CE (For Hospitals, Institutions, Trans-

2 do.

DATE OF BURIAL

ADDRESS-

If more banks are needed, addre. s : tate Negistrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

KEVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census : nd American Fublic Health / sscciation.)

additional line is provided for the latter statement; it sary to knew (a) the kind of work and also (b) the nature of the husiness or industry, and therefore an the fit line will be sufficient, e g. Farmer or Planter, tion applies to e ch and every person, irrespective cf fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation -Precise statement of ocshould be used only when needed. As examples: (a) Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, et. But in many laborer, Farm laborer, Laborer—cont munt, the first of the en at home, who are engaged in the duties of the household only (not raid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Housewhatever, write Nonc. Housemaid, etc. Foreman, (b) Automobile factory. The material or At Home, and children, not gainfully emespecially in industrial emplo; ments, it is neces-For many occupations a Farm laborer, Laborer-Coal minc, etc. Womyrs). without more precise specification as Day For persons who have no occupation If the occupation has been changed single word or te:m cn (b) Grocery;

EA CAUSING DEATH (the primary affection with respect St; tement of Cause of Death-Name, first, the DIS and causation), using always the same acceptfor the same dise se. E.:amples: Cerebrospinal ile only definite synonym is "Epidemi; celebro" enin_itis",; Linhtheria eumonia, Bronchopneumonia ("Pneumonia, fe er (never report "Typhoid Pneumonia"); (avoid use of "Croup");

> "tetahus) may be stated under the head of "contributory." approved by Committee on Nomenclature "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E haustion," "Heart failure," "Ifaemorrhage," (secondar/ or intercurrent) affection need not be st.ted unless important. Example: Measles (disease (Recommendations on statement of cause of death "Inanition," "Marasmus," "Old Age," "Sheck," "Uraemia," "Weakness," etc., when a definite direase atic), "Atrophy," "Collapse," "Com2," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERTERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as Whooping carpolic acid - probably suicide. The nature of the injury, and quilify as ACCIDENTAL, SUICIDAL or HOMICIDAL, can be ascertained as the cause. Always qualify all Examples: Accidental drowning; Struck by railway trainreritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VICLENT DEATHS State MEANS OF INJU., Y cough; Chronic etc. The contributory valvular heart disease;

ans rerdin detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

4

MARC	UNF	
2	WITH UNF	
•	NLY,	**
	PI NLY,)
	WRITE	
0.1		1
V. 8 No. 1		-
>		-4

PLACE OF DEATH	SS9 STATE OF M	MARYLAND
County Vecel	② CERTIFICATE	OF DEATH
Village or City Sekton Xel (No. 1	Registration I	tion, give its NAME I: -
2FULL NAME MISSING	Crothery	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE C	F DEATH
3 SEX, 4 COLOR OR RAGE SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEPLETORE 5	, 19 2 /
Cletote 5 (Month) (Day) (Year)	that I last saw h 1 age on a	mended the deceased from , 192,,
7 AGE	The CAUSE OF DEATH * was as follows:	above, at 3, 7, m.
b OCCUPATION (a) Trade, profession or particular kind of work Mone	Juscarra	
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)	yrsmosds.
9 BIRTHPLACE (State or country) Maryland	Contributory Secondary Durations	
10 NAME OF Hellern Comilson Crother	(Signed)	M. D.
OF FATHER (State or country) Maregland	State the Pisesse Causing Death, Violent Causes, state (1) Means of In Accidental, Suicidal or Homicidal.	or, in deaths from jury and (2) Whether
OF MOTHER Makey Buckley Meply	18 LENGTH OF RESIDENCE (For Hospit	tals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country) Scotland	At place of deathyrsmosds. In the Stat	eds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea h?	
(Informant) Hasful a second	19 PLACE OF BURIAL OR REMOYAL	DATE OF BURIAL
15 File Of 19 1924 Mund Registral	20 UNDERTAKER	ADDRESS
If more banks are needed, addre. s tate Negistra	r, 16 W. Saratoga St., Balto., Requesting V. S	5. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from laborer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., without more precise specification as Day Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e g.. Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthhousehold only (not paid Housekeepers who receive a Never return "Laborer," "For man," "Manager," "Dealworked on may form part of the second statement. Statement of Occupation-Precise statement of oc-Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Wom-For persons who have no occupation (b) Automobile factory. The material

Strtement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise se. Examples: Cerebrospinal favor (the only definite synonym is "Epidemia cerebros inal meningitis"); Liphtheria (avoid use of "Croup"); Ty, hold fever (never report "Typhoid Pneumonia"); Lobur pneumonia, Bronchopneumonia ("Pneumonia,"

> ap soved by Committee on American Medical Association.) (Recommendations on statement of cause of tetanus) may be stated under the head of "contributory." "E:haustion," "Heart failure, Lieuemoriuses, "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy." "Collapse," "Com2," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E:haustion," "Heart failure," "Haemorrhage," (secondar/ or intercurrent) affection need not be st.ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menaccident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway traindiseases resulting from childbirth or miscarriage as by Committee on cough; Chronicetc. The contributory valvular heart disease; Nomenclature

In this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.—WRITE PLAINLY,

Α-	STATE OF MARYLAND—	CERTIFICATE OF DEATH
db	1. PLACE OF DEATH	935
22	County Cecil	Registration Dist. No. 92
0	Village or City Elkton	No. R & Z St., Ward
Jo	(If	death occurred in a hospital or institution, give its NAME instead of street and number)
int	Length of residence in city or town where death occurredyrsmos.	ds. How tong in U.S. If of foreign birth?yrsmosds.
eme	2. FULL NAME Clizabeth Dem	rey
statement	(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
act	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Exact	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
d.	5a. If married, widowed, or divorced	(Month) (Day) (Year)
classified	HUSBAND of (or) WIFE of	22. HEREBY CERTIFY. That attended deceased from
ass	(OI) WITE OI	ory (1 1931, to, Ory L) ~ 19) (
	6. DATE OF BIRTH (month, day, end year) Mich 3. 1907	I tast saw h en ative on Org _ [h19] ; death is said
properly certificate	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
rtif	24 7 2 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
	8. Trade, profession, or particular	Date of onset
be	kind of work done, as SPINNER, At House	Frometo oct
may	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Priemonia 1/
	SAW MILL, BANK, etc	14
that ons o	this occupation (month and spent in this occupation occupation	
	12. BIRTHPLACE (city or town) Election RD =	Other Contributory Causes of importance:
, so ucti	(State or country) Many low	Chiani rum 1
erms, instru	13. NAME George T Dewey	The state of the s
e t	14. BIRTHPLACE (city or town) Elkton & D/2	Name of operation Date of
plain t	(State or country) Way land	What test confirmed diagnosis?
it.	15. MAIDEN NAME Mang wet/Urban	23. If death was due to external causes (VIOL ENCE) fill in also the following:
OF DEATH in prery important.	15. MAIDEN NAME / Nang ares / Work	Accident, suicide, or homicide?
Por	16. BIRTHPLACE (city or town)	Where did injury occur?
DEATH y import	17. INFORMANT Viola Dewey	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,
F L ery	(Address) Eliton nd /2	
	18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
	Place Bethel Country Date Oct 28, 1931	Nature of injury
CAUSE TION is	19. UNDERTAKER H. W. Pithice	24. Was disease or injury In any way related to occupation of deceased?
OH	(Address) Eliton Mid	If so, specify
	on such of 78 ,31 & Basel Draw	(Signed) And M. D.
	20. FILED 19 19 1 A SILLUL Registrar.	(Address)
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis NOV 4 1931	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis Cerebral hemorrhage	1921	Run over by street ear	1 week ago
Cerebral hemorrhage V. 3.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

0 CA 62 O

MARGIN

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH classified Registration Dist. No. (If death occurred in Ward) a hospital or institu-tion, give its NAME is stead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE COLOR OR RACE 16 DATE OF DEATH MARRIED. 2 OR DIVORCED Write the word) (Month) ... (Day) 6 DATE OF BIRTH HEREBY CERTIFY. That Lattended the deceased from (Month) (Day) (Year) 7 AGE IIf LESS than and that death occurred on the date stated above, at I day hrs. The CAUSE OF DEATH * was as follows: (a) Trade, profession or particular kind of work plai (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE Secondary (State or country) DO 10 NAME OF FATHER (Address) 11 BIRTHPLACE OF FATHER HZ *State the Disease Causing Death, or, in (State or country) Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal, 12 MAIDEN NAME œ OF MOTHER 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transe r ients or Recent Residents) CCU 13 BIRTHPLACE At place In the OF MOTHER of death ... (State or Country) 0 Where was disease contracted. shoul ent of if not at place of death? Former or usual residence. DATE OF BURIA Every 20 UNDERTAKER

If more banks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

- 10% - 25 10 - 10 - 10

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH, definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salesman, nature of the husiness or industry, and therefore an whatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a For many occupations a single word or term on especially in industrial employments, it is necesor At Home, and children, not gainfully emyrs). Farm laborer, Laborer-Coal mine, etc. without more precise specification as Day For persons who have no occupation If the occupation has been changed 6 Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-Whooping unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway traincan be ascertained as the cause. Recommendations on statement of cause of death American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJURY cough; Chronic on etc. The contributory valvular heart disease; Nomenclature Always qualify all

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.-Every Item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CLANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact LY, WITH UNFADING INK-THIS IS A PERMANERY RECORD MARGIN RESERVED FOR BINDING WRITE PLA

V. S. No. 1

PLACE OF DEATH	STATE OF MARYLAND
County Celil	CERTIFICATE OF DEATH
	Registration Dist. No. 9
FULL NAME My Emily P. C.	St.: Ward) a hospital or institution, give its NAME is stead of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH Oct 26 (Day) 1931 (Year)
S DATE OF BIRTH Supra 20, 1873 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased fro
AGE If LESS than I day hrs or min.	and that death occurred on the date stated above, at
(a) Trade, profession or particular kind of work (b) General nature of industry	
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Durstion) about mos 26.
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) D BIRTHPLACE (State or country) 10 NAME OF FATHER Lew. Places. T. Sheppard	Contributory Secondary (Duration) yrs mos
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	(Signed)
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) (State or country) (State or country) (State or country)	Contributory Secondary (Duration) (Signed). (Signed). *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs mos ds.
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Contributory Secondary (Duration) (Signed) *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place In the
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country) 10 NAME OF FATHER (State or country) 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER (State or Country) 13 BIRTHPLACE OF MOTHER (State or Country) 14 BIRTHPLACE OF MOTHER (State or Country) 15 BIRTHPLACE OF MOTHER (State or Country)	Contributory Secondary (Duration) (Signed) *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Travients or Recent Residents) At place of death yrs. mos. ds. Where was disease contracted, if not at place of death? Former or

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from Spinner, should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Womadditional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Civil engineer, nner, (b) Cotton mill; (a) Salesman, (b) Grocery; Foreman, (b) Automobile factory. The material or At Home, and children, not gainfully em-For many occupations a single word or term on Compositor, Architect, Locomotive engineer, seer, Stationary fireman, etc. But in many For persons who have no occupation

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> approved by Committee on Nomenclature of the (Recommendations on statement of cause of telanus) may be stated under the head of "contributory." American Medical Association.) carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "Inanition, "Debility" ("Congenital," "Senile," etc.), "Dropey, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., as fracture of skull, and consequences (e.g., sepsis taken. For violent deaths state means of injury can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condi-" "Marasmus," "Old Age," "Shock, Chronic Carcinoma, Sarcoma, etc., of etc. valvular heart The contributory not be disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH , STATE OF MARYLAND CERTIFICATE OF DEATH County. Registration Dist. No. ciass Village or City (If death occurred in Ward) a hospital or institu-tion, give its NAME is-stead of street and number.) AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH WIDOWEGAL OCT 1 3 1931 may be n back 192 OR DIVORCED (Write the word) (Month)(Day) ... (Year)_ 6 DATE OF BIRTH HEREBY CERTIFY, That I attended the deceased from (Day) 7 AGE Ilf LESS than and that death occurred on the date stated above, at I day hrs. The CAUSE OF DEATH * was as follows: min.? te **B** OCCUPATION (a) Trade, profession or particular kind of work piai (b) General nature of industry business, or establishment in which employed or (employer) Contributory Secondary (State or country) 10 NAME OF (Signed). 0 (Address) 11 BIRTHPLACE OF FATHER HZ Disease Causing Death, or, in deaths from (State or country) atate (1) Meana of Injury and (2) Whether Causes. Accidental, Suicidal or Homicidal, O 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transstate CCUP ients or Recent Residents) 13 BIRTHPLACE In the At place of death OF MOTHER State (State or Country) 0 Where was disease contracted, if not at place of dea.h? Former or usual residence 00 BURIAL OR REMOVAL DATE OF BURIAL CiA If more blanks are needed, addre.s Ltate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

RESERVED

MARGIN



(Approved by U. S. Census and American Public Health Association.)

tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; it sary to know Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, state occupation at beginning of illness. If retired from laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) nature of the business or industry, and therefore an whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House-(a) Foreman, (b) Automobile factory. The material For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is necesyrs). without more precise specification as Day For persons who have no occupation (a) the kind of work and also (b) the (b) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")



(secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrbage," use of "Tumor" for malignant neoplasms); Measles; tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from cbildbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menapproved by as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-American Medical Association.) Recommendations on statement of cause of death Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY Committee on Chronic valvular heart disease; nephritis, etc. The contributory Nomenclature of the Always qualify all contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

4

STATE OF MARYLAND—CERTIFICATE OF DEATH state infor OCCUPA 1. PLACE OF DEATH of plnods Registration Dist. No. item No. (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS ds. How long in U.S. if of foreign birth?_ _mos. Length of residence in city or town where deeth occurred. statement Ward St. (a) Residence: No. (Usual place of abode) If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 21. DATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. DtVORCED (write the word) PERMANENT (Month) (Day) (Yaer) BINDING 5a. If married, widowed, or divorced HUSBAND of x 22. (or) WIFE of M (C) certificate. 6. DATE OF BIRTH (month, dey, and yeer) properly If LESS than 7. AGE Months Days FOR stated _hrs. 1 dev._ SI or min. Date of onset 8. Trede, profession, or perticuler THIS OCCUPATION ARGIN RESERVED kind of work done, es SPINNER, 7 be Jo back pluods may 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, atc..... UNFADING INK-10. Dete deceased last worked et on 11. Totel tima (years) this occupetion (month end spent in this that occupetion vear) ... instructions Other Contributory Causes of importance SO 12. BIRTHPLACE (city or town (State or country) supplied. terms, FATHER 13. NAME 14. BIRTHPLACE (city or town in plain (Stete or country) Whet test confirmed diagnosis? Wes there an autopsy? should be carefully OTHER 23. If death wes due to external causes (VIOL ENCE) fill in elso tha following very important. Accident, suicide, or homicide?_____ Date of injury_____ DEATH 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT OF (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury CAUSE mation Nature of injury LION 24. Was disease or injury in any 19. UNDERTAKER (Address) If so, specify (Signed) Redistrat. If more blanks are needed, address Sfate Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, unchanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 4 1931	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUTTERS V.S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH state infor-1. PLACE OF DEATH 211 plnods Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS Length of residence in city or town where death occurred ds 5 How long In U.S. if of foreign birth? (a) Residence: No. If nonresident give city or town and State (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 5. SINGLE, MARRIED, WIOOWED. 21. DATE OF DEATH OR DIVORCED (write the word) aina. (Month) (Oav) (Year) BINDING 5a. If married, widowed, or divorced HUSBAND of 22. ERTIFY. That I attended deceased from (or) WIFE of PERMA now certificate. 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months proper 0ays If LESS than or min. L Data of onset Trade, profession, or particular NO RESERVED kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc. OCCUPAT back 9. Industry or business in which work was done, as SILK MILL, may should SAW MILL, BANK, etc ... on 18. Oate deceased last worked at this occupation (month and 11. Total time (years) spant in this occupation instructions Other Coatribatory Causes of importance: 12. BIRTHPLACE (city or town (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis? should be carefully Was there an autopsy?-MOTHER important. 15. MAIDEN NAME external causes (VIOL ENCE) fill in also the following: 16. BIRTHPLACE (city or town) (State or country) (Specify city or town, county and State) occurred in INDUSTRY, TO HOME, or in PUBLIC PLACE. 17. INFORMANT very (Address) OF 18. BURIAL, CREMATION, OR REMOVAL CAUSE mation TION Nature of injury 24. Was disease or injury in any way related to occupation of deceased? (Address) If so, specify Registrar. blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arterioselerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of anset
Chronic interstitud nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage EURTAU V. S.	July 5,1927	Peritonitis	3 days ago
31.2			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PLACE OF DEATH STATE OF MARYLAND Ceril CERTIFICATE OF DEATH Registration Dist. No. ciassifle (If death occurred in Ward) a hospital or institu-tion, give its NAME in-stead of street and number.) of certif PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. pe back WIDOWED. OR DIVORCED pino may (Write the word) (Month) (Day) (Year) I HEREBY CERTIFY, That I attended the deceased from 6 DATE OF BIRTH instructions that (Year) (Month) (Day) alive on FOR If LESS than 7 AGE 0 and that death occurred on the date stated above, at I day hrs. The CAUSE OF DEATH * was as follows: S in terms i RESERVED 8 OCCUPATION (a) Irade, profession or INK particular kind of work piai (b) General nature of industry Important. business, or establishment in ב (Duration) which employed or (employer) MARGIN 9 BIRTHPLACE Secondary (State or country) OB 10 NAME OF FATHER O (Address) 11 BIRTHPLACE OF FATHER the Disease Causing Death, or, in L deaths Irom S Z Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 20 (State or country) L 12 MAIDEN NAME 0 O 13 LINGTH OF RUSIDENCE (For Hospitals, Institutions, Iransat OF MOTHER ients or Recent Residents) d state 13 BIRTHPLACE In the At place OF MOTHER Stateyra..... (State or Country) Where was disease contracted, Every Item of CIANS should statement of C it not at place of dea h?... OF MY KNOWLEDGE Former or usual residence BURIAL OR REMOVAL DATE OF BURIA Registr If more blanks are needed, addre.s Ltate registrar, 16 W. Saratoga Et., Balto., Requesting V. S. ho.

(Approved by U. S. Census and American Fublic Health Association.)

laborer, state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) fulness of various pursuits can be known. The ques-Spinner, (b) Colton mill; (a) Salesman, additional line is provided for the latter statement; it sary to know cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of cupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of ocreport specifically the occupations of persons en-Foreman, (b) Automobile factory. The material or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). For persons who have no occupation Farm laborer, Laborer-Coal mine, etc. without more precise specification as Day (a) the kind of work and also (b) the (6) Grocery,

Statement of Cause of Death—Name, first, the Dissease Causing Death (the primary affection with respect to time and causation), using always the same adopted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronehopaeumonia ("Pneumonia,")

Recommendations on statement of cause of death American Medical Association.) (secondary or intercurrent) affection need not be streed unless important. Example: Measles (disease tetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"E:haustion," "Heart failure," "Haemorrhage," approved by as fracture of skull, and consequences (e. g., sepsis, earbolic acid-probably suicide. The nature of the injury, aecident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid Examples: Aecidental drowning; Struck by railway train-Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Careinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY Committee on Nomenclature of the Chronie valvular heart disease; nephrilis, etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

1931

PLACE OF DEATH
County Sull

stated EXACTLY, P properly classified. of certificate.

it may be proon back of

Every Item of Information should be carefully supplied. ACE signals should state CAUSE OF DEATH in plain terms so that i statement of OCCUPATION is very important. See instructions

BINDIN

RESERVED

MARGIN

STATE OF MARYLAND CERTIFICATE OF DEATH

Ward)

hanks are needed, addres State Registrar, 16 W. Saratogs St., Balto., Requesting V. S. No.

Registration Dist. No. (If death occurred in a hospital or institu-tion, give its NAME in-atead of street and

number.)

ADDRESS

Vi	lage or City Genowing (No	
	2FULL NAME Olda B. Howard	
	PERSONAL AND STATISTICAL PARTICULARS	MED
	emall Color or RACE SINGLE, MARRIED, MUDOWED. OR DIVORCED (Write the word)	16 DATE OF DEA
6 1	DATE OF BIRTH 190 ((Month) (Day) (Year)	that I last saw h
7/	3 0 yrs. 27 mos. 27 ds. [If LESS than I day	and that death oc The CAUSE OF D
X	a) Trade, profession or articular kind of work Houselufe b) General nature of industry business, or establishment in which employed or (employer)	
-	BIRTHPLACE (State or country)	Contributory Secondary
	10 NAME OF FATHER GLOGE BLUY	(Signed)
RENTS	OF FATHER (State or country) Md.	*State the Violent Causes, Accidental, Suici
PAR	OF MOTHER MANY BUNY	18 LENGTH OF
	13 BIRTHPLACE OF MOTHER (State or Country) Md.	At place of deathyrs
14	(Informant) Mrs. Mary Berry	if not at place of Former or usual residence
	(Address) Consising md R. H.D.	mt. Zoer
165	01010	20 UNDERTAKER

MEDICAL CERTIFICATE OF DEATH
6 DATE OF DEATH Det-15, 1981
(Month) (Day) (Year)
17 I HEREBY CERTIFY, That I attended the deceased from
hat I last sawh Malive on Oct 1, 1824,
and that death occurred on the date stated above, atmmm
The CAUSE OF DEATH * was as follows:
(Duration)
Contributory Secondary (Duration) yrs. 2 mos. de. (Duration) yrs. 1 mos. de.
Signed J. J. (Address) January M. D.
*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
8 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
At place In the f deathyrsmosds. Stateyrsmosds.
Where was disease contracted, inot at place of death?
ormer or sual residence
9 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
nt. 3 acr Oct. 18 , 1931

(Approved by U. S. Census and American Public Health Association.)

cupation is very important, so that the relative health-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from hou chold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken whatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Wom-At Home, and children, not gainfully emwithout more precise specification as Day

Strtement of Cause of Death—Name, first, the DISEAST CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; (Recommendations on statement of cause of diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," ctc. "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Enhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"Inanition," "Heart failure," "Haemorrhage," "Shock," Chronic interstitial nephritis, American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. Then ture of the injury, Examples: Accidental drowning; Strack by railway traintaken. For VIOLENT DEATHS State MEANS OF INJULY Never report mere symptoms or terminal condicough; Chronic etc. The contributory valvular heart disease; "Dropsy,

. If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essantial and must be obtained before the certificate is permanently filed.

PHYSICIANS should state Exact statement of OCCUPA--WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforstated EXACTLY. properly classified. certificate. AGE should be CAUSE OF DEATH in plain terms, so that it may be See instructions on back of mation should be carefully supplied. TION is very important. STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE O	F DEATH			23	3
County	Cecil			Registration Dist. No. 96	
	City Ve terans ! A		ation Hospi	italwo. Perry Point, d. St., If death occurred in a hospital or institution, give its NAME instead of street and number	Ward
2. FULL NA	ane HIIGGI	MS In the	er Tilman	XC-1 537 077	
	nce: No. Andal us i			St., Ward. If nonresident give city or town and State	m + m 40 40 40
PERSON	NAL AND STATIST			MEDICAL CERTIFICATE OF DEATH	
3. SEX male	4. COLOR OR RACE whi to	5. SINGLE, MAI	RRIED, WIDOWED,	21. DATE OF DEATH October 13 (Month) (Day)	/ear)
5a. If married, widow HUSBAND of (or) WIFE of		ingle		22. I HEREBY CERTIFY, That I attended decease May 21 19 31 to October 13 1	ed from
C DATE OF BIRTH	(August 2	5. 1890	I last saw h. im alive on October 13 19 31 deat	
7. AGE Yes	(month, day, and year) ars Months	Days 19	If LESS than I day,hrs.	to have occurred on the date stated above, at 12:10A m	n is said
8. Trade, profe	ession, or particular	Travelor	ormin.	Tuberculosis, pulmonary, chronic,	ofonset
J. Industry or work wa SAW MI Date decease this occur	work done, as SPINNER, , BOOKKEEPER, etc. business in which is done, as SILK MILL, LL, BANK, etc. upation (month and	II. Total	time (years) ent in this	advanced active Unknow	n
12. BIRTHPLACE (c) (State or cou	., ., ., .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	rick, S.C	•		mos.
13. NAME		encis Hug	atna	2. Psychosis, toxic Unkno	WIL
Ξ		Unkn			
	E (city or town) r country)			Name of operation Date of Date	You
15. MAIDEN NA		T(TR)ou		What test confirmed diagnosis?	168
16. BIRTHPLACE	E (city or town)	Unkn Unkn		23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?	9
(Address)		Records Point, M	de	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.	7070400
18. BURIAL, CREMAT	dalusia, Ala-	Date 0	ct. 15, 19 31	Manner of injury	
19. UNDERTAKER (Address)	H. Madis	on Mitche de Grace	Schill	24. Was disease or injury in any way related to occupation of deceased?	
20. FILED 10/14	3/ 193/ Clear	los W. M	Man	(Signey E. LESLIE, Medical Officer in (Address) Perry Point Md	M.D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	10	Example II	
The principal cause of death and related causes of importance were as follows:	15	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis .	1915	Atlack of epitepsy	1 week ago
Chronic interstitial nephritis	1.981	Run over by street car	1 week ago
Cerebral hemorrhage	July5,1927	Perionita	3 days ago
and the second s	13	0 5	
And the	- manual	a ·	
Other contributory causes of importance:	1 12	Other contributory causes of importance:	
Gollstones	May 1,1923	Gastroenteritis	1 year
		4 - 4 OH	
		II.	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Every item of information should be carefully supplied. ACE chould be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD BINDING TH UNFADING INK--THIS IS A PERMAN MARGIN RESERVED FOR ILY, WRITE PL V. S. No. 1 N. B.

PLACE OF DEATH County Cuil	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Elloton (No.	Registration Dist. No
2 FULL NAME John W. Jack	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH 9 7 7 193 (Month) (Day) (Year)
6 DATE OF BIRTH Sept (Month) (Day) , 187/ (Year)	that I last saw h Lu alive on OT J
7 AGE If LESS than I day hrs. or min.?	
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. mos.//ds.
9 BIRTHPLACE (State or country) D. C	Contributory Secondary Dyration yts
10 NAME OF Gaward Jackson	(Signed) M. D.
OF FATHER (State or country)	*State the Lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER MAINE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of death yrs mos ds. State yrs mos ds.
(Informant) Mrs John Jackson	if not at place of death? Former or usual residence
(Address)	North East ME Date of Burial
15 File Och 13 1923L Saus Front 22	Seph P Leau willCest MA
If more branks are needed, addre.s State Registra	, 18 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus; Farmer (retired 6 yrs. For persons who have no occupation state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the ployed, as At school, or At home. Care should be taken er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, should be used only when needed. As examples: (a) nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Coak, to report specifically the occupations of persons en-Physician, Campositor, Architect, Locomotive engineer, Civil engineer, Statianary fireman, etc. But in many tion applies to each and every person, irrespective of mer, (b) Cottan mill; (a) Salesman, (b) Foreman, (b) Automobile factory. The or At Hame, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. without more precise specification as Day material Grocery; Wom-

Statement of Cause of Death—Name, first, the DISEALE (NUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal favor (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever "never report "Typhoid Pneumonia"); Lobar pneumania, Bronchopneumonia ("Pneumonia,");

American Medical Association.) (Recommendations on statement of cause of accident; Revolver wound af head-homicide; Poisoned by as fracture of skull, and consequences (e.g., sepsis, telanus) may be stated under the head of "contributory." approved by Committee on "Uraemia," "Weakness," etc., when a definite disease carbolic acid-probably suicide. The n-ture of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL. State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis;" etc. can be ascertained as the cause. atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) stated unless important. Example: Measles (disease Chronic interstitial nephritis, Whooping cough; Chronic valvular heart disease; use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculasis of lungs, meninges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of FOR VIOLENT DEATHS State MEANS OF INJULY etc. The Nomenclature Always qualify all contributory

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEA Registration Dist. No County Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth? ______yrs. _____mos. _____ds. statement 2. FULL NAME Ward (a) Residence: No If nonresident give city or town and State (Usual place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5. SINGLE, MARRIED, WIDOWED. 3. SEX 4. COLOR OR RACE DIVORCED (write the word) PERMANENT (Month) (Dev) 5a. If married, widowed, or divorced HUSBAND of TIFM. That Lattended deceased from (or) WHE 6. DATE OF BIRTH (month, day, and year) certificate. properly Deys If LESS than 7. AGE Months FOR 1 day. The PRINCIPAL CAUSE OF DEATH and related causes of importance min. 8. Trede, profession, or particular THIS OCCUPATION kind of work done, as SPINNER ARGIN RESERVED JO SAWYER, BOOKKEEPER, etc. may back 9. Industry or business in which pluods work was done, as SILK MILL SAW MILL, BANK, etc. 10. Date deceased last worked et 11. Totat time (years) uo this occupation (month and spent in this occupation ... instructions Other Coatributory Causes of importance 12. BIRTHPLACE (city or town) (State or country) supplied. FATHER 13. NAME See Name of operation. 14. BIRTHPLACE (city or town) plain (State or country) What test confirmed diagnosis?_____ should be carefully HER important. 15. MAIOEN NAME If death was due to external causes (VIOLENCE) fill in also the following MOT Accident, suicide, or homicide?______ Oate of injury______ 19_ DEATH 16. BIRTHPLACE (city or town) (State or country) Where did Injury occur?____ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE 17. INFORMANT (Address) OF 18. BURIAL, CREMATION, OR REMOVAL Manner of injury CAUSE mation Nature of injury LION 24. Was disease er injury in env way related to occupation of deceased 19. UNOERTAKE (Address) If so, specify (Address Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting W.S. No. 1.

BINDING

(Year)

Date of onset

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonilis	3 days ago
- 2 1 E 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2	3		
28.3	-3		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF	MARYLAND-CERTIFICATE OF D	DEATH	11881
----------	---------------------------	-------	-------

1. PLACE OF DEATH	(210) m
County beach	Registration Dist. No. 95
Village or City near Oakwood	NoSt.,Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number) s
2. FULL NAME Junes marks	3-211 East Sergeant St.
(a) Residence: No (Usual place of abode)	St., Ward. Philadelphia la. If nonresident give/city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Nale 4. COLOR OR RACE OR DIVORCED (Furite the world) Wistoweel	21. DATE OF DEATH Of (Month) (Day) (Year)
5a. It married, widowed, or divorced HUSBANO of (or) WIFE of Jane Black marks	22. I HEREBY CERTIFY, That I attended deceased from
0 0 0 1 2 1 2 6	19
6. DATE OF BIRTH (month, day, end year) July 30, 15 J. 7. AGE Years Months Days If LESS than	to have occurred on the dete stated above, at Y. IS P.m.
, 7 dey,hrs.	
8 Trade profession or particular	Neart trouble and shack due 10/13/3
kind of work done, as SPINNER, Blacksmith	to the impending collision of the
9. Industry or business in which work was done as SILK MILL.	car in which he was siding,
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc. 10) Oate deceased last worked at this occupation (month end this occupation (month end this occupation).	
12. BIRTHPLACE (city or town) Arland, (State or country)	Other Contributory Causes of Importance: Comp. fractive of 3 Frestibrae 1977
13. NAME David marks	
14. BIRTHPLACE (city or town) - Justian of country)	Name of operation Oate of
(State of Country)	What test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME June Esther Maddien	23. If death was due to externel causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME fine Esther Maddiene 16. BIRTHPLACE (city or town) Ireland	Accident, suicide, or homicide? accident Oate of injury 10/13, 1931
(State or country)	Where did injury occur? Near Capwood, Must, (Specify city or town, county and State)
17. INFORMANT Mrs Helen W heaton	Specify whether injury occurred In INDUSTRY, In YOME, or in PUBLIC PLACE.
(Address) Star Route, Warking ton, Mid, 18. BURIAL, CREMATION, OR REMOVAL	D 0 - + 000
Place Older Hill Bernetey Oate Oct 17, 1931	Manner of injury Agorth and Collision Neture of injury heart trouble
10 HNOPPTAKED 1. E. Julian	24. Was disease or injury in any way releted to occupation of deceased?
19. UNOERTAKER (Addiess) Rising Sun, Ind	If so, specify
11/1/20 21/	(Signed) I Wilney Frager, Cosoner
20. FILED2 / S/ 19 / 19 / 19	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 101 3 1131	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BURNOUVA	λ		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

FOR BINDING

MARGIN RESERVED

V. S. No. 1

N. B.—Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. LY, WITH UNFADING INK-THIS IS A PERMANENT H WRITE PLA

Village or City Phelipsit R. No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Statement Ward) (If death occurred in a hospital or institution, give its NAME instead of street and
2FULL NAME Allew Kir	b MCCD. stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH October 7th, 193/ (Month) (Day) (Year)
6 DATE OF BIRTH May 6 1920	17 I HEREBY CERTIFY, That battended the deceased from Colober 5 1931 to Cetorber 7 , 1931
(Month) (Day) (Year)	that I last saw brusalive on October 7, 1931,
7 AGE 3 yrs	
8 OCCUPATION (a) Trade, profession or particular kind of work	Reute Nephretis
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. mos 3 ds.
9 BIRTHPLACE (State or country) Maryland.	Secondary (Duration)nosds.
10 NAME OF SEEFELD MECK	(Signed) 1 1 Magrall M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME 13 MAIDEN NAME 14 MAIDEN NAME 15 MAIDEN NAME 16 MAIDEN NAME 17 MAIDEN NAME 18 MAIDEN NAME 19 MAIDEN NAME 10 MAIDEN NAME 10 MAIDEN NAME 11 BIRTHPLACE OF FATHER 12 MAIDEN NAME 12 MAIDEN NAME 13 MAIDEN NAME 14 MAIDEN NAME 15 MAIDEN NAME 16 MAIDEN NAME 17 MAIDEN NAME 18 MAIDE	*Stato the Disease Causing Death, 9, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER Moda Barnes	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
OF MOTHER (State or Country)	of death yrs mos ds. State yrs mos ds.
(Informant) 2 2 M MILL	if not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Touthell Cost Mel.	Hoppwell Cew. Oct 9, 103/
15 Filed 10/8 1921 L. F. Hauders Registrar	20 Webertaker Patterson Porky will
If more higher are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healthshould be used only when needed. As examples: (a) Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer-Coal mine, etc. Womadditional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Forcman," "Manager," "Deal-Spinner, Housemaid, etc. If the occupation has been changed Foreman, For many occupations a single word or term on or At Home, and children, not gainfully em-(b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile factory. The material

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report. "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease carbolic acid-probably suicide. The nature of the injury. accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature (Recommendations on statement of cause of tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, diseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shock, Whooping Examples: Accidental drowning; Struck by railway train-American Medical Association.) Never report mere symptoms or terminal condicough; Chronic etc. The contributory valvular heart disease; of the death

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

state 1. PLACE OF DEATH pinous County Registration Dist. No Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) S How long in U.S. if of foreign birth? Length of rasidence in city or town where death occurred STELAN Ward (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 21. DATE OF DEATH 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Lemele married ZEZ (Month) (Oay) 5a. If married, widowed, or divorced BINDIN HUSBAND of 22. I HEREBY CERTIFY. That I attended deceased from (or) WIFE of PERMA M 73 E certificate. 6. DATE OF BIRTH (nonth, day, and year) Days If LESS than properl 7. AGE Years Months to have occurred on the date stated abova, at ___ # D m FOR stated 1 day, hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance 16 SI or____min. were as follows: 8. Trade, profession, or particular NOITA THIS RESERVED kind of work dona, as SPINNER, SAWYER, BDOKKEEPER, etc..... Jo pluods may back 9_Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.____ OCCUP 10. Oata deceased last worked at On 11. Total time (years)
spent in this this occupation (month and AGE that occupation. vear) instructions Other Contributory Causes of Importance 12. BIRTHPLACE (city or town) (State or country) terms, FATHER 13. NAME See Name of operation 14. BIRTHPLACE (city or town (Stata or country) a What test confirmed diagnosis? carefully MOTHER important. 15. MAIOEN NAME 23. If death was dua to external causes (VIOLENCE) fill in also the following: in Accident, suicide, or homicide: DEATH 16. BIRTHPLACE (city or town (State or country a Where did injury occur? pe (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. very 17. INFORMANT plnods (Address) OF 18. BURIAL, CREMATION, OR REMOVAL Manner of injur SI mation 5 Nature of injury MOIL 24. Was disease or injury in any way related to occupation of deceased 19. UNDERTAKER (Address) If so, specify (Signed) . 193

Revistrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

St.

(Yaar)

: death is said

Date of onset

Was there an autopsy?

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death of importance were at follows	and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1 3603	1915	Attack of cpilepsy	1 week ago
Chronic interstitial nephritis	OV 4 1931	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BRAU V.S.	July 5, 1927	Peritonitis	3 days ago
	France of constants			
Other contributory causes of	importance:		Other contributory causes of importance:	THE
Gallstones		May 1,1923	Gostrocnterilis	1 ycor

PLACE OF DEATH	STATE OF MARYLAND
County Cecil	CERTIFICATE OF DEATH
4	92/
x +10.1	Registration Dist. No.
Village or City North East (No.	St: Ward) (If death occurred a hospital or institution
Rolal Pr	tion, give its NAME i stend of street a
2FULL NAME Calph 1.	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH
Male WILL WIDOWED Juste	(Month) (Day)
6 DATE OF BIRTH	(Month) (Day) (Year)
Sept 17 1931	01 35/ 192/. to 02/ 36/ , 192
(Month) (Day) (Year)	that I last saw has alive on Del 3 192 , 192
7 AGE	
l dayhrs.	The CAUSE OF DEATH * was as follows:
yrs. / mos. / / ds. or min.?	
B OCCUPATION (a) Trade, profession or	Chronilet & Gelenger
particular kind of work	Upour de la constitución de la c
(b) General nature of industry business, or establishment in	2
which employed or (employer)	(Durstion)yrsmos
9 BIRTHPLACE (State or country)	Contributory Secondary
(State of country)	(Soyration) yrs mos 2 c
10 NAME OF THE THE PART OF THE	(Signed) (Signed) M.
11 BIRTHPLACE	00 3 1 1930 (Address)
OF FATHER	
Z (State or country)	*State the Tisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Louise Meal	13 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
13 BIRTHPLACE	ients or Recent Residents) At place In the
OF MOTHER (State of Country)	of deathyrsmosds. Stateyrsmos
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
	Former or
(Informant) // awhall higher	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) north East, Md	north East M. E. May 193
15 11-7.21 4 004 ()	29 UNDERTAKER ADDRESS
Filed //- 7 - 3/192 Les les Cuels	Doseph & Stout north Carl Min
If you have a state of the stat	10 AV Shares St. Folia Demonstra V S. i.e. 1

(Approved by U. S. Census and American Fublic Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material state occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective cf fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Screant, Cook, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a er," etc., Physician, Compositor, Architect, For many occupations a single word or term on yrs). Farm laborer, Laborer-Coul minc, etc. Womwithout more precise specification as Day For persons who have no occupation Locomotive engineer,

Statement of Cause of Death—Name, first, the bis. L. EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accented term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrosis in al meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia,")

carbolic acid-probably suicide. The nature of the injury, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a dcfinite disease causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsia, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-Examples: Accidental drowning; Struck by railway train-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJULY

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

stated EXACTLY. PHYSICIANS should state

Exact statement of OCCUPA.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

AGE should be

mation should be carefully supplied.

TION is very important. See instructions on back of certificate.

ż

STATE OF MARYLAND—	CERTIFICATE OF DEATH 11895
1. PLACE OF DEATH	
County Cecit	Registration Dist. No.
Village or City North East	NoSt.,Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Muramed (R	ay)
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jewale 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED ("write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended decorded from
6. DATE OF BIRTH (month, day, and year) Qer 31, 1931	I last saw h. e. alive on sect at 31, 19.31; death is said
7. AGE Years Months Days If LESS than	to have occurrad on the dale stated above, atm.
Fill Born or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BDOKKEEPER, etc.	(A-///
SAWYER, BDOKKEEPER, etc. Industry or business in which work was dona, as SILK MILL,	1 MINOUN
SAW MILL BANK ate	()
11. Total time (years) this occupation (month and spant in this	
year) occupation (month and	Dther Coutributory Causes of importance:
12. BIRTHPLACE (city or town) worth Last KD	Diligi Countratory Causes of Importance.
(State or country) many land	
13. NAME form W May	
13. NAME for the Cay 14. BIRTHPLACE (city or town) (Sale or country)	Name of operation Date of
(State of Councily)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Cathaire Claser 16. BIRTHPLACE (city or town) Worth East (State or country)	23. If death was due to external causes (VIOLENCE) fill in also tha following:
6 16. BIRTHPLACE (city or town) worthy sast	Accidant, sulcida, or homicide?
(State or country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT John W May (Address) Worth ask 2nd	Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OB REMOVAL	Manner of Injury
Place North East Date Oct 31, 1931	Nature of Injury
19. UNDERTAKER 24. W. Piffin	24. Was disease or Injury In any way related to occupation of deceasad?
(Address) Elkton 2	If so, specify
20. FILED/0-31-3/19 Loole. Queens	(Signed) July Munually M. D.
Registrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
	July 5, 1927	Perilonitis	3 days ago
BUREAU	11		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MA	ARYLAND—	CERTIFICATE OF DEATH	
1. PLACE OF DEATH		89:0)	
County Cecil		Registration Dist. No.	
Village or City Elettor		No. St., V death occurred in a hospital or institution, give its NAME instead of street and number)	Ward
Length of residence In city or town where death occurre	edmos	ds. How long In U.S. if of foreign birth?yrsmos	_ds.
2. FULL NAME Tebecca 7	natilda 1	Rickards	
(a) Residence: No. 13 2 E Zu	ain	St. Ward.	
(a) hesidelloc. Ho.	I place of abode)	If nonresident give city or town and State	
PERSONAL AND STATISTICAL PA	RTICULARS	MEDICAL CERTIFICATE OF DEATH	
The last or DIV	, MARRIED, WIDOWED, ORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Yee	er)
5a. If marriod, widowed, or divorced who we HUSBAND of (or) WIFE of war Rickards	3	22. A HEREBY CERTIFY, That I attended deceased 1931, to Ott 15, 195	from
6. DATE OF BIRTH (month, day, and year) Faby 2	1852	I last saw hold alive on 4 et 193 ; death is	
7. AGE Years Months Day		to have occurred on the date stated above, at & Q m.	3 3410
79 19 19	1 day hre	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:	onset
8. Trede, profession, or perticular kind of work done, as SPINNER, at 20 SAWYER, BOOKKEEPER, etc.	brue	Chrome Brouchiles 19	3.1
kind of work done, as SPINNER, A SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and			
10. Date deceased last worked at this occupation (month and year)	Total time (years) spent in this occupation		
Same	RD	Other Contributory Causes of Importance:	3 /
12. BIRTIIPLACE (city or town) (State or country)	•	Superative otilis media 17.	3.1.
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2 4 .	-	
13. NAME Delight Fardus 14. BIRTHPLACE (city or town)	RA	Warra C.	
14. BIRTHPLACE (city or town) (State or country)	race	Name of operation Dete of Dete of	0
	2 ++-	What test confirmed diagnosis? Wes there an autopsy?	10-
15. MAIDEN NAME Caranda B 16. BIRTHPLACE (city or town) Surgana (State or country)	ratton	23. If death was due to external causes (VIOLENCE) fill in also the following:	
0 16. BIRTHPLACE (city or town)		Accident, suicide, or homicide?, 19_	
(State or country)	au	Where did injury occur?(Specify city or town, county and State)	
17. INFORMANT Mis alvin Mis (Address) Elector Mis	vay	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	101-17 01	Manner of injury	
Place El Kion Carrettery Date C	ler 17, 1931	Nature of injury	
19. UNDERTAKER 24 Confidence (Address) Election 2212	rice	24. Was disease or injury in any way related to occupation of deceased?	
20. FILED (COL 17, 1931) But	no BAC	(Signed) A. M. Morrison (Address) Elector, Mc	_M. D.
If more blanks are n	eeded, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis NOV 4 1931	Date of onset.	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week age
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis .	1 year

TION is very important. See instructions on back of certificate.

of OCCUPA-

:	I. PLACE OF DEATH	11857
	County Olcil	Registration Dist. No. 95
	Village or City Port Deposit	No. St., Ward
	(If	death occurred in a hospital or institution, give its NAME instead of street and number)
	Length of residence in city or town where death occurredyrsmos.	ds. How long in U.S. If of foreign birth?yrsmosds.
	2. FULL NAME Huam E. St. Blan	
	(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3.	SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
2	rale White OR DIVORCED (write the word)	Probably Och 30 1931
5a	If married, widowed, or divorced	/ (Month) (Day) (Year)
	HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
		, 19, to, 19,
6.	DATE OF BIRTH (month, day, and year) Oct. 4. 1871	I last saw h; dealh is said
7.	AGE Years Months Days If LESS than	to have occurred on the date steted above, atm,
	60 26 1 day, hrs. or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
z	8. Trade, profession, or particular	Celcoh olism 10/19/31
OIL	kind of work done, as SPINNER, Stone Cutter	Found dead on flow of bedroom at
OCCUPATION	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Rome 10/31/31 at 4.30 p.m.
13	SAW MILL, BANK, etc	
ŏ	this occupation (month and year) spant in this year) occupation 40 404	
-	Occupation 44 gen	Other Contributory Causes of importance:
12	. BIRTHPLACE (city or town)	Chronic Myocarditis
~	(State or country)	Jungstigated
FATHER	13. NAME Joseph A. St Blan	J. Rodney Frager Counces
TA:	14. BIRTHPLACE (city or town)	Name of operation Date of
_	(State or country)	What test confirmed diagnosis? Was there an autopsy?
MOTHER	15. MAIDEN NAME Margall J. Covarn.	23. If death was due to external causes (VIOLENCE) fill in also the following:
0	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury 19
2	(Stete or country) , Va.	Where did injury occur? (Specify city or town, county and State)
17	INFORMANT mis, Otis ferrard,	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18	(Address) Klaing & Kn. md. BURIAL, CREMATION, OR BEMOVAL	
10	Place West Hottington Date Low 3 1931	Mannar of injury
	/ D +	Neture of Injury
19	UNDERTAKER L. G. V from	24. Was disease or injury in any wey releted to occupation of deceased?
	(Address) Resurg Sun. Ind.	If so, specify
20	FILED 1931 -	(Signed)M. D.
	Z mommungen Registrar.	(Address)
	Manage of the State of the Stat	12411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	of importance were as follows:	Date of onset
		1 week ago
		1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

PLACE OF DEATH County Cecil	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Chesapeake City No.	Registration Dist. No. 9/ Charles A St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED. Married Widowed. OR DIVORCED (Write the word)	MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 16 DATE OF DEATH (Month) 24 (Day) /93/(Year)
6 DATE OF BIRTH May 22, 186/ (Menth) (Day) (Yesr)	17 I HEREBY CERTIFY, That I attended the deceased from 18 193 to 193 that I last saw h Largalive on 0 2 2 3 192 1,
7 AGE If LESS than l day hrs. or min.?	The CAUSE OF DEATH * was es follows:
(a) Trade, profession or Engineer Retired 8 yrs (b) General nature of industry business, or establishment in which employed or (employer) Tugboat BIRTHPLACE (State or country)	(Durstion) yrs. mos 3 ds. Contributory Secondary (Durstion) yrs. mos 4ds.
10 NAME OF FATHER Sacc Titles 11 BIRTHPLACE OF FATHER (State or country) Name and	(Signed) M. D. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER Cliga Androw 13 BIRTHPLACE OF MOTHER (State or Country) (State or Country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trensients or Recent Residents) At plece of death yrs mos ds.
(Informant) Chesalist Qty.	Where wes disease contracted, if not at place of death? Former or usual residence
(Address) Chesapente Chag. 15 Filed 1928 192 13. Haward Brann Registrar If more hanks are needed, address State Registrar	Dethel Centlery 27, 1932 20 UNDERTAKER ADDRESS ADDRESS Elkton hids 1. 16 W. Seratoga St., Balton, Requesting V. S. No. 1.

118 X

f. "

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) tired 6 yrs). state occupation at beginning of illness. If retired from additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Womworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative healthwhatever, write None. or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed laborer, nature of the business or industry, and therefore an Foreman, (b) Automobile factory. The material For many occupations a single word or term on (b) Cotton mill; (a) Salesman, (b) For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, "Uraemia," "Weakness," etc., when a definite disease Whooping cough; Chronic valvular heart disease; (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature American Medical Association.) (Recommendations on statement of cause of Never report mere symptoms or terminal condiinterstitial nephritis, and consequences (e. g., sepsis, etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND	CERTIFICATE OF DEATH 11889
EATH	(\mathcal{H}_{b})
cil	Registration Dist. No. 92
elktion RD#1	
-,000	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
in city or town where death occurredyrs,mos.	
Sophia Weglan	
0.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
OLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Maried	21. DATE OF DEATH (Month) (Oay) (Year)
divorced	(month) (day) (fear)
phen Weglary	22. HEREBY CERTIFY. That I attended deceased from
dev, and year) may 15 1880	I last saw h alive on / / / , 19 . 3 /; deeth is said
Months Days If LESS than	to have occurred on the date stated above, et m.
1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
	were as follows: Oate of onset
1 day, hrs. or min. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Oate of the principal of	
TREEPER, etc.	2 money 3 mgs
as SILK MILL, NK, etc.	apply of apply
worked at 11, Total time (years)	all + reflyative;
(month end spent in this occupetion	
Occupation	Other Contributory Causes of Importance:
own) Poland	
rtin Stownkowski	
0 0 1	Name of operation Oete of Oete of
or town) foland	What test confirmed diagnosis? Level Was there an autopsy? Was there are autopsy?
athrine Tolebrowska	
1	23. If death wes due to external ceuses (VIOLENCE) fill in elso the following:
or town)	Accident, suicide, or homicide?
(y) Face	Where did injury occur? (Specify city or town, county and State)
her Weglarz	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
exten 200 R/D +1	
OR REMOVAL	Manner of injury
a Carlola C Osto Oer 19, 1931	Nature of injury
1. W. Pithing	24. Was disease or injury in any wey related to occupation of deceased?
Kton mid	If so, specify
1/2/1	(Signed) Test / Huggmorely M. D.
, 1931 Regionar.	(Address) & Ellita way
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

ARGIN RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, eotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of leath and related causes of importance were as follows: Arteriosclerosis NOV 4 1931	1015	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis Cerebral hemorrhage V. S.	1921	Run over by street car	1 week ago
Cerebral hemorrhage V.S.	July 5, 1927	Perilonilis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

STATE OF MARYLAND—	CERTIFICATE OF DEATH
	Registration Dist. No. 92
County Occid	ospital negistration vist. No. Ward
Village or City Old Im Willow //	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city of town where death occurredyrsmos	ds. How long In U.S. if of foreign birth?yrsmos ds.
2. FULL NAME Robert Thenry Wills	liamson
(a) Residence: No. Elktop md	St., Ward,
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write theyword)	21. DATE OF DEATH Och 8 193 /
male White Divorced	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of A	22. HEREBY CERTIFY, That I attended deceased from
(or) WIFE of Octavia fester	Oct 8 ,1931, to Oct 8 ,1931
6. DATE OF BIRTH (month, day, and year) unknown -	I last saw harman alive on Oct & 193/; death is said
7. AGE Years Months Days It LESS than	to have occurred on the date stated above, at 8 30 P.m.
about 58 1 day,	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as tollows: Date of onset
8. Trade, profession, or particular	Tractured skell
8. Trade, profession, or particular kind of work done, as SPINNER, Miller by traide SAWYER, BOOKKEEPER, etc.	Themorhage of Brown Oct &
9. Industry or business in which Christian Evaluation work was done, as SILK MILL Journ of Elliton	(AHB)
On ID. Oate deceased last worked at Och II. Total time (years)	1
this occupation (month and 1931 spent in this occupation 19	hwestigation
an property and (city on hours)	Dther Cootributory Causes ot importance:
12. BIRTHPLACE (city or town) With Manual (State or country)	f. Kooling & Might
13. NAME LIKEWOVY	
14. BIRTHPLACE (city or town)	Name of operation
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Sallie Williamson	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME Sallie Williamson 16. BIRTHPLACE (city or town) - unknown	Accident, suicide, or homicide? accident. Date of injury 10/8, 1931
(State or country)	Where did injury occur? Mean 61St Tim (Specify city or town, county and State)
17. INFORMANT Mrs. Cecclia Wright Brown	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) % Box 11 Bridgeville, DEl.	State trightway
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury Struck of automobile truck
Place Often County Date 74 ,1921	- Nature of injury fractured Mult
19. UNDERTAKER	24. Was disease or injury in any way related to occupation of deceased?
(Address) Election 2nd	If so, specify the same of the
20. FILED Ch 14, 1931 Thank frager	(Signed) (M. D
Registrar,	(mulicos)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1014 A 1021	1915	Attack of epilepsy	1 week ago
Arteriosclerosis Chronic interstitial pephritis Combael benerothers	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenterilis	1 year